

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000006249

FILED  
Mar 18, 2009  
Secretary of State

**Entity Name:** LAKEVIEW AT CALUSA TRACE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

4175 EAST BAY DR  
SUITE 205  
CLEARWATER, FL 33764

**New Principal Place of Business:**

18101 CALUSA TRACE BLVD  
LUTZ, FL 33556

**Current Mailing Address:**

4585 140TH AVE N.  
CLEARWATER, FL 33762

**New Mailing Address:**

4585 140TH AVE N.  
SUITE 1012  
CLEARWATER, FL 33762

**FEI Number:** 20-3462775

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

COMMUNITY MANAGEMENT CONCEPTS, INC.  
4585 140TH AVE. NORTH SUITE 1012  
CLEARWATER, FL 33762 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P/D ( ) Delete  
Name: ROCHE, DANIEL  
Address: 18106 PEREGRINAS PORCH #312  
City-St-Zip: LUTZ, FL 33558

Title: VP/D ( ) Delete  
Name: HILL, MICHAEL  
Address: 18101 PEREGRINAS PORCH #312  
City-St-Zip: LUTZ, FL 33558

Title: S/D ( ) Delete  
Name: CRAMANDO, PHIL  
Address: 4209 PEREGRINES PORCH #207  
City-St-Zip: LUTZ, FL 33558

Title: T/D ( ) Delete  
Name: MILLER, DAVID  
Address: 18706 PEREGRINOS PORCH #10  
City-St-Zip: LAND O LAKES, FL 34636

Title: D ( ) Delete  
Name: PISSOURLOS, MIKE  
Address: 18106 PEREGRINOS PORCH #10  
City-St-Zip: LUTZ, FL 33558

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: S/D (X) Change ( ) Addition  
Name: JESSE, REAH  
Address: 4201 WOODSTORKS WALKWAY UNIT 104  
City-St-Zip: LUTZ, FL 33558

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL HILL

VP

03/18/2009

Electronic Signature of Signing Officer or Director

Date